

# Children's Special Health Care Services Administrative Policy Manual

## Benefit – Access to Care Policy # C-3a



Title: Director,  
Children's Special Health Care Services (CSHCS)

**Latest Revision Date:** July 26, 2018

**Effective Date:** January 1, 2005

**Revision Reason:** New Policy

**Title:** Linkage  
[Linkage Procedure](#)

**Purpose:** To establish guidelines for Linking Participants to Providers for Primary Care, Specialty Care & Basic Dental Care.

### Rule References:

- 410 IAC 3.2-7-2 Basic services included in the health care services package
- 410 IAC 3.2-7-2(b)(1) Primary care visits conducted by approved providers in accordance with ...
- 410 IAC 3.2-7-2(b)(2) Secondary care visits at approved providers for medically necessary ...
- 410 IAC 3.2-7-3 Limited health care services included in the health care service package
- 410 IAC 3.2-7-3(b) Available funds may be utilized to ... pay for... the following health care services authorized as appropriate to the eligible medical condition ... of an enrolled child: ...
- 410 IAC 3.2-7-3(c) The CSHCN program shall only provide or pay for health care services ... set forth in subsection (a) or (b) if the director has approved the health care services as necessary or appropriate for the conditions, as listed under subsection (d), (e), or (f).
- 410 IAC 3.2-7-3(g) The director shall have the authority to determine medical eligibility and the services ... to be provided under the program.

**Policy:** Participants shall be “Linked” to primary and specialty care providers with whom a long-term treatment relationship is planned. This linkage serves as an authorization for treatment of Basic Services in the Health Case Services Package, plus Basic Dental Services, as authorized by the Director. Linkages may be made to individual practitioners, clinics or hospitals.

**Background:** Linkages are normally established or deleted in response to four situations:

1. Approval of a participant's application,
2. Approval of new diagnoses or medical conditions for an existing participant,
3. Moving a participant's care & treatment to a different provider,
4. Unlinking a provider when deleting one of a participant's diagnoses or medical conditions.